

AMENDED IN ASSEMBLY AUGUST 26, 2002

AMENDED IN ASSEMBLY JUNE 18, 2002

AMENDED IN SENATE MAY 23, 2002

AMENDED IN SENATE APRIL 1, 2002

SENATE BILL

No. 1695

Introduced by Senator Escutia

(Coauthor: Senator Romero)

(Coauthors: Assembly Members Aroner, Diaz, Longville,
Strom-Martin, and Vargas)

February 21, 2002

An act to add Section 1797.8 to, and to add Chapter 2.5 (commencing with Section 11758) to Division 10.5 of, the Health and Safety Code, relating to drugs.

LEGISLATIVE COUNSEL'S DIGEST

SB 1695, as amended, Escutia. Drug overdose deaths.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, ~~establishes procedures for the regulation of the provision of emergency medical services~~ *requires the Emergency Medical Services Authority to establish minimum standards and regulations for the training and scope of practice of an emergency medical technician-I*. Under existing law, ~~an emergency medical technicians-II are~~ *technician-II is* authorized to administer naloxone, within the scope of ~~their~~ *his or her* practice.

This bill would authorize counties to establish training and certification programs to permit ~~an emergency medical technicians-I~~ *technician-I*, as specified, to administer naloxone hydrochloride, the

antidote to heroin overdose, by means other than intravenous injection if ~~they have~~ *he or she has* completed training and passed a test, as specified. *The bill would require the Emergency Medical Services Authority to develop guidelines relating to the county certification programs.* These provisions would be operative until a specified date.

This bill would require the ~~agency~~ *State Department of Alcohol and Drug Programs* to place on ~~the its~~ Internet Web site ~~of the State Department of Alcohol and Drug Programs~~, for a period of not less than 6 months, information, as specified, regarding drug overdose trends and death rates.

~~This bill would require the California Health and Human Services Agency to attempt to create a public-private partnership to make grants to local emergency medical services agencies for drug overdose prevention, recognition, and response programs, and to make grants before January 1, 2005, if the agency obtains funds.~~

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) Because drug overdose deaths are preventable, it is
- 4 therefore an appropriate role for the state to do all of the following:
- 5 (1) Seek to prevent the onset of drug use through preventive
- 6 measures.
- 7 (2) Provide cessation treatment for those addicted to drugs.
- 8 (3) Prosecute those who sell controlled substances.
- 9 (4) Seek to prevent needless death and suffering among
- 10 individuals who cannot or will not stop using drugs.
- 11 (b) According to the vital statistics database of the federal
- 12 Centers for Disease Control and Prevention, the number of fatal
- 13 drug overdoses in California quadrupled between 1980 and 1997.
- 14 (c) The Director of the United States Drug Enforcement
- 15 Administration testified to Congress that nationwide overdose
- 16 deaths from the prescription drug opiate OxyContin totaled at least
- 17 117 over the last two years, and that in another 179 overdose deaths
- 18 OxyContin was the likely cause of death.
- 19 (d) In recent years, increasing rates of heroin use and the
- 20 widened variability of its potency have resulted in an escalating



1 death toll among both novice users, younger users, and an aging
2 population of heroin-addicted adults. Heroin overdose is now a
3 leading cause of death for men between the ages of 20 and 54 in
4 several cities and rural counties in the western part of the United
5 States.

6 (e) In 1998, the last year for which this data was available from
7 the federal Centers for Disease Control and Prevention, an adult
8 male in San Diego was just as likely to die of a drug overdose as
9 from a motor vehicle collision or a gunshot wound. During that
10 same time period in San Francisco, an adult male was twice as
11 likely to die of a drug overdose than from a motor vehicle collision
12 or a gunshot wound, according to federal Centers for Disease
13 Control and Prevention statistics.

14 (f) In the Counties of Kern, Monterey, Orange, Riverside,
15 Sacramento, San Joaquin, Santa Cruz, and Ventura, the rate of
16 drug overdose fatalities increased, ranging from 200 percent to
17 500 percent, between 1990 and 1998. Many predominantly rural
18 counties, including Butte, Imperial, and Sonoma Counties,
19 experienced equal or greater increases.

20 (g) In addition to the many deaths caused by illicit drugs, there
21 are many preventable deaths in California each year among our
22 oldest citizens and other chronically ill Californians who rely on
23 opiate-based prescription medicines to dull pain and contribute to
24 their productivity and quality of life. Efforts need to be made to
25 improve the education of prescription drug users and their families
26 to address the risk of overdose, and to improve the response of our
27 emergency medical services to both illicit and legal opiate-based
28 drug overdoses.

29 (h) Los Angeles County has the highest annual number of fatal
30 drug overdoses in the state. According to data from the federal
31 Substance Abuse and Mental Health Services Administration
32 (SAMHSA), over 700 people in Los Angeles County died of drug
33 overdoses in 1999. This number represents a 45 percent increase
34 in the number of deaths from the year before. Heroin overdose is
35 a major cause of these deaths.

36 (i) A heroin overdose death typically occurs one to three hours
37 after the last injection, and studies suggest that the majority of
38 heroin overdoses are witnessed by others. There is ample time to
39 save the victim's life, provided that witnesses are able and willing
40 to intervene.

(j) The life of an overdose victim can be saved if witnesses, who are often drug users themselves, are able to provide cardiopulmonary resuscitation and summon emergency medical assistance by calling 911.

(k) In California, paramedics, physicians, nurses, nurse practitioners, and emergency medical technicians II are currently authorized to administer naloxone hydrochloride, which is the antidote to heroin overdose. Naloxone hydrochloride is highly effective, inexpensive, and relatively easy to administer. A study by San Francisco General Hospital found that if an overdose victim had a pulse at the time of paramedic arrival, likelihood of survival was 94 percent. Police, firefighters, and emergency service personnel who respond first to medical emergencies need to be trained and authorized to administer the antidote in the absence of paramedics in any county in which the medical director of the local emergency medical services authority deems it important.

(l) Last year, California enacted Assembly Bill 559 (Chapter 458 of the Statutes of 2001), which authorizes school personnel to inject children with epinephrine in case of a life-threatening emergency. The analysis of the Assembly Committee on Appropriations predicted that the Emergency Medical Services Authority would incur only minor, absorbable costs for writing regulations and developing rules and standards for administration. Similarly, training an emergency medical technician-I (EMT-I) to administer naloxone hydrochloride should result in a minor expense, and increase the number of lives saved.

SEC. 2. Section 1797.8 is added to the Health and Safety Code, to read:

1797.8. (a) For purposes of this section, the following definitions apply:

(1) “EMT-I” means any person who has training and a valid certificate as prescribed by Section 1797.80.

(2) “EMT certifying authority” means the medical director of the local emergency medical services agency.

(b) Any county may, at the discretion of the county or regional medical director of emergency medical services, develop a program to certify ~~EMT-I~~ *an EMT-I* to administer naloxone hydrochloride by means other than intravenous injection.

(c) Any county that chooses to ~~certify EMT-I~~ *implement a program to certify an EMT-I* to administer naloxone hydrochloride, as specified in subdivision (b), shall approve and administer a training and testing program leading to certification *consistent with guidelines established by the state Emergency Medical Services Authority.*

(d) *On or before July 1, 2003, the state Emergency Medical Services Authority shall develop guidelines relating to the county certification programs authorized pursuant to subdivision (b).*

(e) An EMT-I may be authorized by the EMT certifying authority to administer naloxone hydrochloride by means other than intravenous injection only if the EMT-I has completed training and passed an examination administered or approved by the EMT certifying authority in the area.

~~(e)~~

(f) This section shall be operative only until the operative date of regulations that revise the regulations set forth in Chapter 3 (commencing with Section 100101) of Division 9 of Title 22 of the California Code of Regulations and that authorize an EMT-I to receive EMT-II training in administering naloxone hydrochloride without having to complete the entire EMT-II certification course.

SEC. 3. Chapter 2.5 (commencing with Section 11758) is added to Division 10.5 of the Health and Safety Code, to read:

CHAPTER 2.5. FATAL DRUG OVERDOSE INFORMATION

~~Article 1. General~~

11758. The definitions contained in this article shall govern the construction of this chapter, unless the context requires otherwise.

~~11758.03. "Agency" means the California Health and Human Services Agency.~~

11758.03. "Department" means the State Department of Alcohol and Drug Programs.

11758.06. (a) On or before July 1, 2004, and on or before January 1, 2009, as specified in subdivision (c), the ~~agency~~ *department* shall place on ~~the Internet Web site of the State Department of Alcohol and Drug Programs~~ *its Internet Web site*

1 information on drug overdose trends in California, including
2 county and state death rates, from existing data, in order to
3 ascertain changes in the causes or rates of fatal and nonfatal drug
4 overdoses for the preceding five years.

5 (b) The information required by subdivision (a) shall include
6 ~~the best available, to the extent available,~~ data on all of the
7 following:

8 (1) Trends in drug overdose death rates by county or city, or
9 both.

10 (2) Suggested improvements in data collection.

11 (3) A description of interventions that may be effective in
12 reducing the rate of fatal or nonfatal drug overdoses.

13 (c) The information required by subdivision (a) to be placed on
14 ~~the Web site of the State Department of Alcohol and Drug~~
15 ~~Programs~~ *the department's Internet Web site* shall remain on the
16 Internet Web site for a period of not less than six months. The
17 ~~agency~~ *department* shall update the information required pursuant
18 to subdivision (a) and shall place the updated information on the
19 Internet Web site on or before January 1, 2009, for a period of not
20 less than six months.

21
22 ~~Article 2. Drug Overdose Prevention, Recognition, and~~
23 ~~Response~~
24

25 ~~11758.1. The agency shall attempt to create a public-private~~
26 ~~partnership to make grants to local agencies for drug overdose~~
27 ~~prevention, recognition, and response programs.~~

28 ~~11758.2. (a) The agency may seek, accept, and disburse~~
29 ~~funds from federal and private sources to accomplish the purposes~~
30 ~~of this article.~~

31 ~~(b) If the agency obtains funds for the purposes of this article,~~
32 ~~it shall, on or before January 1, 2005, make grants authorized by~~
33 ~~subdivision (a).~~

34 ~~11758.3. The agency shall consider the following areas as~~
35 ~~priorities for which to seek, receive, and disburse funds pursuant~~
36 ~~to Section 11758.2:~~

37 ~~(a) Policies and projects to encourage people, including drug~~
38 ~~users, to call the 911 emergency response system when they~~
39 ~~witness potentially fatal drug overdoses.~~

1 ~~(b) The development of drug overdose prevention,~~
2 ~~recognition, and response education projects in jails, prisons, drug~~
3 ~~treatment centers, and other organizations that work with, or have~~
4 ~~access to, drug users, their families, and communities.~~

5 ~~(c) The implementation of drug overdose recognition and~~
6 ~~response training, including rescue breathing, in jails, prisons,~~
7 ~~drug treatment centers, and other organizations that work with, or~~
8 ~~have access to, drug users, their families, and communities.~~

9 ~~(d) The implementation of drug overdose prevention,~~
10 ~~recognition, and response training, including rescue breathing for~~
11 ~~families of patients and patients prescribed oxycodone or other~~
12 ~~powerful opiate-based medications for which there is a high risk~~
13 ~~of overdose.~~

14 ~~(e) Programs to educate Californians over 65 years of age of the~~
15 ~~risks associated with using opiate-based medications and ways to~~
16 ~~prevent overdose, or respond should they witness an overdose.~~

17 ~~(f) The production and distribution of targeted or mass media~~
18 ~~materials on drug overdose prevention and response.~~

19 ~~(g) The institution of naloxone hydrochloride prescription or~~
20 ~~distribution projects.~~

21 ~~(h) The institution of education and training projects on drug~~
22 ~~overdose response and treatment for emergency services and law~~
23 ~~enforcement personnel.~~

24 ~~(i) The establishment of a system of parent, family, and~~
25 ~~survivor education and mutual support groups.~~